

Behavioral Health Services and Mental Health SF

San Francisco Health Commission Presentation

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Agenda

- Introduction
- Behavioral Health and Mental Health SF Highlights
- MHSF Progress
- BHS / MHSF Hiring Updates
- BHS Bed Usage
- Street Crisis Response Team
+ Health Equity Impact Assessment
- Closing thanks



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Introduction



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My first weeks at SFDPH and in San Francisco

Joined DPH March 29, 2021

- Transitioned from NYC
 - Worked at NYC Health Department nearly 9 years;
 - Deployed to COVID for most of my last year
- Meeting with behavioral health staff, providers, and community members
- New investments and policy:
 - Prop C and Our City Our Home
 - Mental Health SF
- Context:
 - Anti-racism / racial justice movement
 - Current overdose death crisis
 - Policing practices changes
 - History of under-resourced and disinvestment in community behavioral health services
 - Roles and expectations for behavioral health care and response



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Behavioral Health Services and Mental Health SF Highlights



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DPH Behavioral Health Services

Serving San Franciscans with mental health and substance use challenges



What is here now for behavioral health

- Many innovative services and programs
- Infrastructure within health clinics and some mobile capacity; new crisis and residential service recently launched or coming soon
- Urgent need to expand reach to highest need, hardest to reach people

Where we are going

- Equitable outcomes
- Care and treatment are
 - Available
 - Flexible and accessible
 - Responsive to highest need, hardest to reach people



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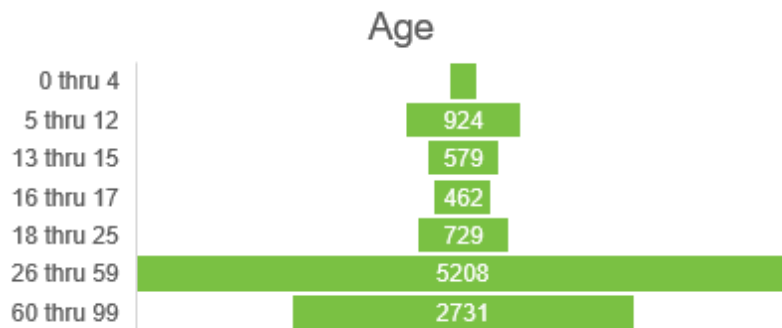
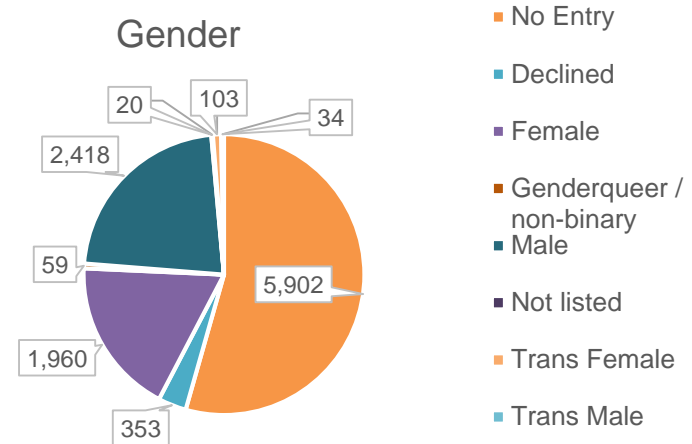
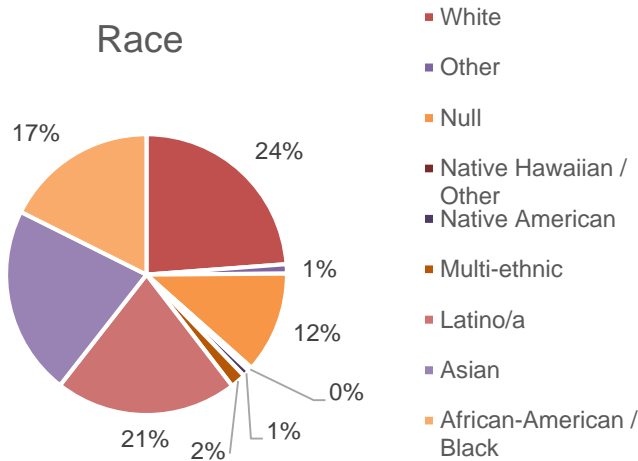
What we are building

- Capacity to engage people in new ways, by going to where they are and removing barriers to care
- Culturally responsive and equitable
- Strong collaboration with programs in other parts of DPH and across San Francisco
- Managed Medi-Cal program
- Response capacity to urgent new issues (overdose)
- Outcomes oriented

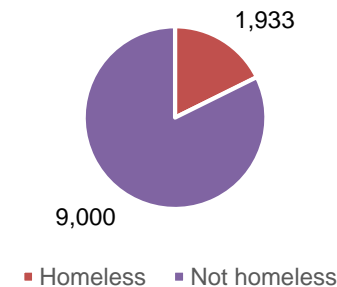


Demographic characteristics of people using behavioral health services

Unduplicated Clients, n = 10,849



Housing status



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Behavioral Health Services Equity Action Plan

A3 - January 2021 – Problem Statement, Countermeasures, and Progress

Problem Statement:

1. BHS staff members are less likely to be Black/African American or Latinx than people using our services
2. Culturally congruent behavioral health practices are not widespread across our systems of care

Selected countermeasures in progress:

1. Enhancing staff capacity for equity – equity infrastructure;
build anti-racist leadership skills;
promote staff wellness;
conduct exit interviews
2. Increase recruitment of Black/African American and Latinx staff
3. Increase community engagement and culturally congruent care



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Recent Behavioral Health and Mental Health SF initiatives aim for equity, accessibility, and flexibility

Virtual care

- Transition to virtual care in many clinical and street-based sites – new opportunities to connect people to care

Culturally congruent practices

- Focused on effective care for Black/African Americans – will come to multiple clinics

Care delivery in non-behavioral health settings

- Shelter in place hotels; shelters

Milieu-based and low-threshold care

- Hummingbird Valencia (open) and Drug Sobering Center (Fall, 2021)

Expanded and new crisis and other mobile response systems:

- Children's mobile crisis to all BHS-served children < 18;
- Street Crisis Response Teams (more shortly)



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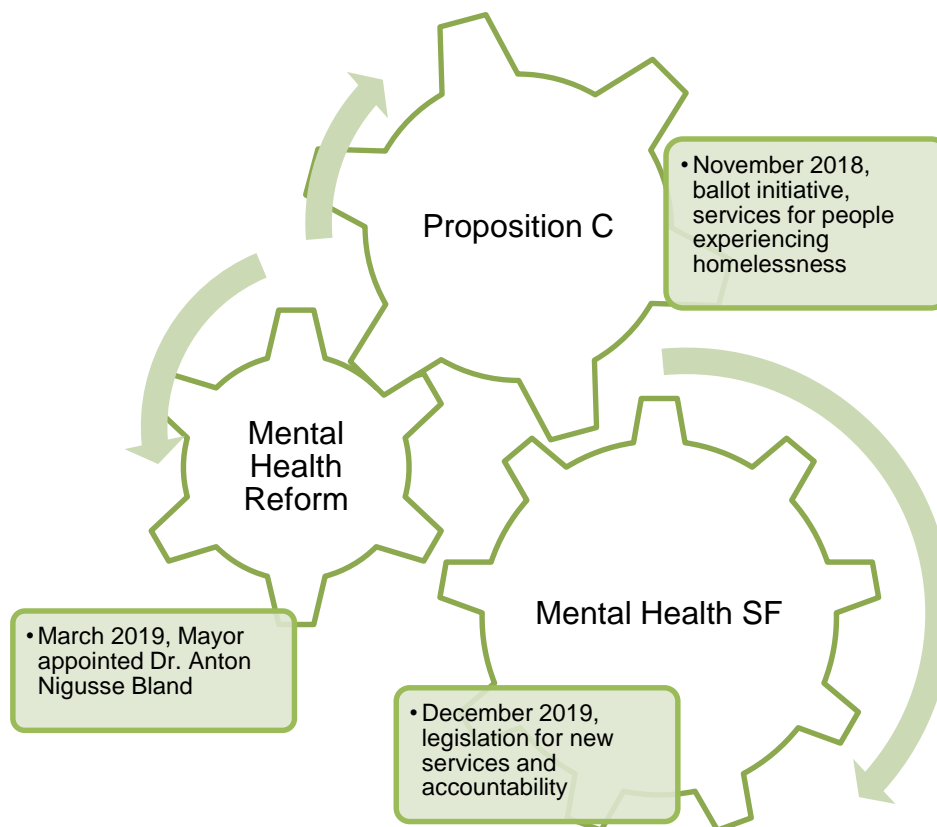
Mental Health SF



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Mental Health SF

Momentum: Many roads leading to reform



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Mental Health SF

- ✓ Legislation to expand access to behavioral health services and coalesce the city's system of mental health and drug treatment programs
- ✓ Focused on people experiencing homelessness, serious mental health conditions, and substance use disorders

Office of
Coordinated
Care

Street Crisis
Response
Team

Mental Health
Services
Center

New Beds
and Facilities

Analytics and
Evaluation

Overdose
Response



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Mental Health SF

What we are building

Office of Coordinated Care

- Access call center + IT infrastructure
- Case management
- Utilization management

Street Crisis Response Team

- Takes 911 calls for behavioral health and medical response rather than law enforcement
- Delivers therapeutic de-escalation through multi-disciplinary team
- Conducts follow-up for people in crisis and links to care

Mental Health Services Center

- Centralized access
- 24/7 drop in access and services
- Mental Health Urgent Care Unit

New Beds and Facilities

- SOMA Rise Center (Drug Sobering Center)
- Board and Care
- Locked Sub-acute
- Psychiatric Skilled Nursing
- Residential step-down treatment
- TAY + managed alcohol
- Coops and Hummingbird

Analytics and Evaluation

- Establish and report key performance indicators
- Outcomes and results oriented
- Center equitable outcomes for people experiencing homelessness and others

Reduce Overdose Deaths

- Increase naloxone
- Post nonfatal overdose
- Increase access to low threshold treatment
- Increase culture of harm reduction
- Increase use of effective treatment using contingency management



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Updates

Office of Coordinated Care

- Hiring
- Stakeholder and community engagement
- Building out office space

Street Crisis Response Team

- 3-person teams
- Team 5 go-live June, 2021
- Team 6 go-live mid-July

Mental Health Services Center

- Hiring for expanded / weekend hours
- Data collection and community engagement to understand late-night service needs
- Upgrading phone system
- Streamlining client flow

New Beds and Facilities

- Hummingbird Valencia open
- Drug sobering center Fall, 2021
- FindtreatmentSF.org
- Bed dashboard will be posted

Analytics and Evaluation

- Engaging stakeholders (Prop C, IWG, community) in developing evaluation framework

Reduce Overdose Deaths

- Street Overdose Response teams will launch August 2021



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DPH Behavioral Health Beds Expansion

Expanding BH treatment by 400 new beds

Guided by Optimization Report, Mental Health SF legislation, and stakeholder input

DPH Behavioral Health Beds Expansion

The San Francisco Department of Public Health (DPH) is expanding behavioral health treatment by approximately 400 new beds. The bed expansion effort is guided by the 2020 DPH Behavioral Health Bed Optimization Report, Mental Health SF legislation, and with input from stakeholders. The goal is to reduce wait times and improve client outcomes.

KEY

June 16, 2021

Project Phases and Status			Complete
Δ MHSF legislation	1 Program design	4 Out for bid/contracting	In process
★ Pending funding	2 Regulatory assessment	5 Community outreach & City approvals	Planned
	3 Facility selection	6 Permit & construction	

Goal	Open Fall 2021	Pilot 24-7 program for people experiencing homelessness with drug intoxication, providing short term stays and linkage to services
20	SOMA RISE^Δ (aka Drug Sobering Center)	
Est. Beds	Status Initiating permitting and construction	
	1 2 3 4 5 6	
Goal	Opening date to be determined	Supervised residential program for individuals with mental health issues who require assistance with activities of daily living.
73	Residential Care Facility^Δ (aka Board and Care)*	
Est. Beds	Status Active negotiations to acquire a building	
	1 2 3 4 5 6	
Goal	Opening date to be determined	Long-term sober living environment for clients coming out of residential care programs
140	Residential Step-down - SUD^{Δ*}	
Est. Beds	Status Active negotiations to acquire a building	
	1 2 3 4 5 6	
Goal	Opening date to be determined	Transitional medically enhanced care for people with a dual diagnosis of mental health and substance use issues
30	Enhanced Dual Diagnosis^Δ	
Est. Beds	Status Initiating program design	
	1 2 3 4 5 6	
Goal	Opening date to be determined	Supervised treatment for young adults with serious mental health and/or substance use issues
10	Transitional Age Youth (TAY) Residential Treatment^{Δ*}	
Est. Beds	Status Initiating program design	
	1 2 3 4 5 6	
Goal	Opening date to be determined	Short-term, urgent care intervention as an alternative to hospital care
15	Crisis Diversion Facility^{Δ*}	
Est. Beds	Status Initiating program design	
	1 2 3 4 5 6	

30	Hummingbird - Valencia	Psychiatric respite facility to serve people experiencing homelessness from the Mission and Castro
Beds	Status Serving clients	
	Open	
Goal	Managed Alcohol Program PSH*	Pilot Medical supervision for people with chronic alcohol dependency in a permanent supportive housing setting
20	Status Permanent location and additional funding will expand the program from 10 beds to 20 beds	
Est. Beds	Open 10 beds currently open	
Goal	Open Summer 2021	Pilot Out-of-county supervised living and treatment for people with chronic mental health illness and/or coming from locked facilities
20	12-month Rehabilitative Board and Care	
Beds	Status Accepting admissions July 1, 2021	
	1 2 3 4 5 6	
Goal	Open Summer 2021	Out-of-county psychosocial rehabilitation for people who are conserved in a locked setting
31	Mental Health Rehabilitation Beds (aka LSAT)	
Est. Beds	Status Client admissions pending program readiness	
	1 2 3 4 5 6 20 beds available	
Goal	Open Summer 2021	Out-of-county secure 24-hour medical care for people with chronic mental health conditions
13	Psychiatric Skilled Nursing Facilities	
Est. Beds	Status Contract negotiations pending new fiscal year	
	1 2 3 4 5 6	
Goal	Open Fall 2021	Communal living for people with chronic mental health needs
6	Cooperative Living for Mental Health^{Δ*}	Additional \$11M to stabilize leased properties available through MOHCD
Est. Beds	Status Initiating program design	
	1 2 3 4 5 6	

Behavioral Health Services - Residential Treatment Beds Utilization

February 1 – May 31, 2021

SUD	Average Daily Utilization	Average Daily Beds Available (Open Beds Reported)
Medical Detox 26 Beds	82%	4.65
Social Detox 27 Beds	81.8%	5
Specialty Residential 37 Beds	70%	11
General Residential 203 Beds ₁	84.4%	32
Residential Stepdown 194 Beds	97.4%	5

Mental Health	Average Daily Utilization	Average Daily Beds Available (Open Beds Reported)
ADU 39 Beds	82.1%	7
90-day Residential 87 Beds	87.7%	11
One-year Residential 28 Beds	88.6%	3
One-Year Specialty (Women's program) 10 Beds	85.3%	1.46



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BHS/MHSF Hiring Updates



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MHSF Hiring Update

as of 6.25.21

Position groups by priority	Targeted start date by priority group	Total requests to fill within group	Total hired to date by priority group	Number of requests in process by stage						Total requests in process / complete (all stages)
				Form III Submission	Position Approved	Reassign/ Posting Recruitment	Selection Process	Request to Hire	Onboarding Process	
A	5/1/2021	5	1	0	0	4	0	0	0	4 / 1
B	5/1/2021	19	9	0	2*	3	3	2	0	10 / 9
C	6/1/2021	11	2♦	0	0	3	0	3	3	9 / 2
D	7/1/2021	11	0	0	1◇	7	3	0	0	11 / 0
E	8/1/2021	12	0	8	1	3	0	0	0	9 / 0
F	9/1/2021	7	0	0	0	3	3	0	1	7 / 0

♦ 3 more effective 7/6 but procedurally finished

* has not moved forward due to decision to use different class

◇ on hold until other positions are filled



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BHS Hiring Update

as of 6.25.21

Job Title	Total requests to fill within group	Number of requests in process by stage					
		Form III Submission	Position Approved	Reassignment/ Posting	Selection Process	Request to Hire	Onboarding Process
Manager I	3		2	1			
Manager II*	6	1	1	2	1		
Manager IV	1			1			
Sr. Clerk	5				4		1
Sr. Psychiatric Physician Specialist	15			12		1	2
Registered Nurse	1					1	
Nurse Practitioner	1				1		
Medical Evaluation Assistant	2			1	1		
Clinical Pharmacist	1				1		
Rehabilitation Counselor	1			1			
Clinical Psychologist	6				4	2	
Clinical Psychologist	1			1			
Supervising Clinical Psychologist	2				2		
Health Worker I ♦	2			2			
Health Worker II*♦	5		2	2			
Health Worker III♦	11		1	9	1		
Health Worker IV♦	3		1		1		
Health Program Coordinator I♦	4			3			
Health Program Coordinator II*♦	3			1	1		
Health Program Coordinator III♦	4		1	2			1
Public Health Nurse	1				1		
Behavioral Health Clinician ♦	26		1	22	1		2
Sr. Behavioral Health Clinician ♦	9			9			
Public Service Trainee	1						1



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* On hold

♦ Pending Eligible List adoptions which have impacted hiring timelines for BHS and MHSF

Street Crisis Response Team



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Background

Mental Health SF legislation (Late 2019)

- Includes Street Crisis Response Team

Mayor London Breed commitment to police reform (Summer 2020)

- Includes call for behavioral health experts to respond to non-violent incidents on the street

Community Planning Processes for Police Reform

- HRC: Alternatives to Policing Steering Committee
- Coalition on Homelessness: Alternative to Police Response Committee



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Street Crisis Response Team

Goal and Strategies

Goal: Provide rapid, trauma-informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters and unnecessary emergency room use.



Identify 9-1-1 calls that will receive behavioral health and medical response rather than law enforcement response.



Deliver therapeutic de-escalation and medically appropriate response to person in crisis through multi-disciplinary team (paramedic + behavioral health clinician + peer).



Provide appropriate linkages and follow-up care for people in crisis, including mental health care, substance use treatment, and social services.



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Program Details

Response

- 911 calls that are classified as "800" codes, which indicate a call for service for a "mentally disturbed person," at a B-priority level (no violence or weapon)

Team Staffing

- Community paramedic (on rig)
- Behavioral health clinician (on rig)
- Peer health worker (on rig)
- Multi-disciplinary team dedicated to linkages and follow up care coordination

Vehicle

- Fire Department Vehicle
- Able to transport individuals to voluntary treatment locations



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Current Coverage and Hours



Region	Hours	Launch Date
Tenderloin	0900-2100	11/30/2021
Mission/ Castro	0700-1900	2/1/2021
Bayview	1100-2300	4/5/2021
Waterfront/ Chinatown/ North Beach	0700-1900	5/10/21
Park/ Richmond/ Sunset	0600-1800	6/14/21
Citywide Overnight	1900-0700	<i>Tentative mid-July</i>



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Data Summary: May and Cumulative



Crisis Calls Handled by SCRT

	May	Cumulative*
Crisis Calls Handled by SCRT	434	1,460



800-B Calls that Received SCRT Response**

	May	Cumulative
800-B Calls that Received SCRT Response**	37%	24%

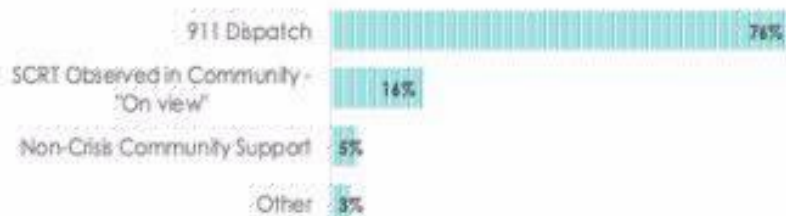


Average Response Time

	May	Cumulative
Average Response Time	14min	15min



Referral Source: Cumulative

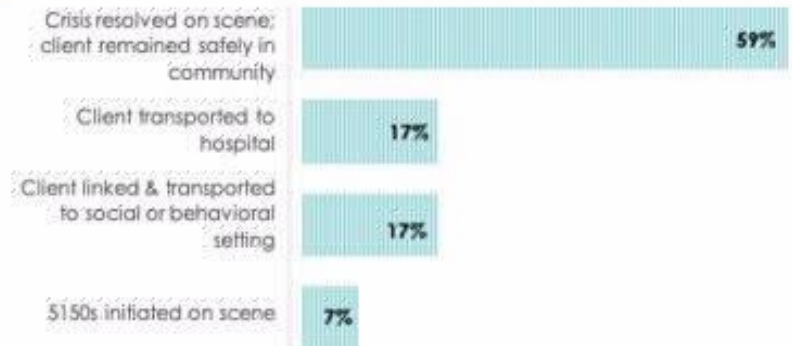


Client Engagements

	May	Cumulative
Client Engagements	265	857



Engagement Outcomes: Cumulative

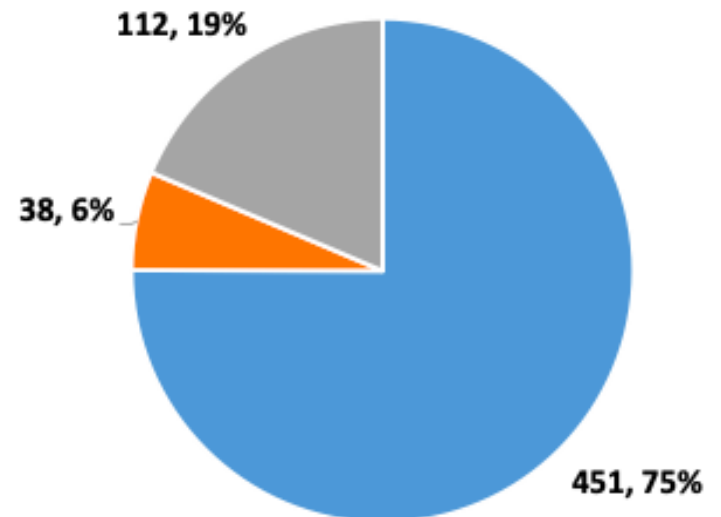
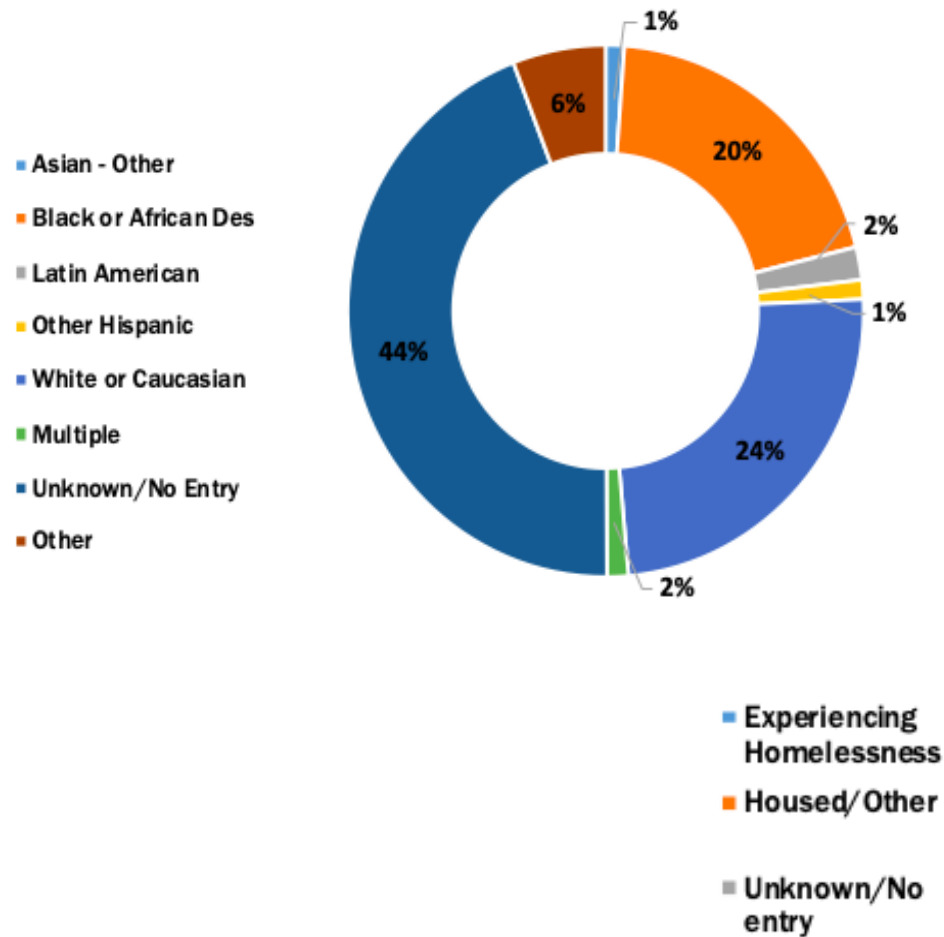


*A single client engagement may result in multiple outcomes.



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Client Characteristics: Cumulative



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Addressing Institutional Racism

Addressing racial equity and reducing institutional racism that is often reflected by over-representation of incarcerated Black/African Americans is a key objective of the SCRT.

The program will be closely monitoring its ability to reduce incarceration, emergency room use and involuntary detentions, especially through the lens of race and ethnicity.

- Each call SCRT accepts represents a diversion from the San Francisco Police Department, inherently reducing law enforcement encounters for the population served
- SCRT aims to reduce existing disparities in health outcomes. The evaluation will include quality measures that track outcomes by race and ethnicity to monitor for equity in the implementation of the program, and for each target outcome, SCRT will measure the ability of the program to reduce disparities
- SCRT seeks to build relationships and trust with communities of color and/or distrust of law enforcement by partnering with community leaders and establishing creative pathways to receive constructive feedback from community
- SCRT is working towards alternative pathways from 911 call center to help achieve equity goals
- SCRT staff will continue to receive training on racial equity as part of their onboarding and continuous learning



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Health Equity Impact Assessment



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Health Equity Impact Assessment

Racial Health Inequities:

- Adverse outcomes for people experiencing a behavioral health crisis who have contact with law enforcement
- Weaponizing of 911 against people of color
- Over-representation of people of color in the population experiencing homelessness
- Institutional racism that is often reflected by over-representation of incarcerated Black/African Americans
- High incarceration rates, unnecessary emergency room use, involuntary detentions for populations of color
- Other factors include: Uninsured or underinsured clients, homelessness, residents living below poverty level, behavioral health issues exacerbated by drug use and living situation

Community Engagement:

- CBOs
- DPH programs
- Other City agencies
- Behavioral health consumer focus groups
- Citywide committees and working groups
- Engagement forms

Addressing Racial Equity:

- Trauma-informed, behavioral health and medical response rather than a law enforcement response
- Deliver therapeutic de-escalation and medically appropriate response to person in crisis through a multi-disciplinary team
- Provide appropriate and targeted linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services
- Community based outreach for individuals served by the program and the communities where they live
- Ongoing community engagement and rapport building
- Integration of someone with lived experience on the team (both in terms of behavioral health services, but also representing communities being served) creating pathways to employment and allowing for more robust engagements



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Thank you!



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